

MEMORANDUM FOR: Chief, Medical Staff

SUBJECT : A Career Plan for Medical Officers

REFERENCE : Medical Staff Career Service Meeting -
C/MS Appointed Committee of 8 May 1962

1. The Committee members are in agreement. It is possible for the Agency to have a medical officer career program. However, such a program could embrace only a limited number of doctors of a particular type. An Agency medical officer career program could not in any way be compared with those of other United States Government agencies or departments. The total number of doctors which can be accommodated in other than nonclinical operational capacities is exceedingly small. Realistically, the Agency's clinical needs for a specialty one-time specific assignment and those of an unpredictable nature can best be satisfied by contract employees.

2. An examination of the major factors fundamental to a possible career program is also pertinent to the employment of all physicians by the Medical Staff for the Agency, particularly those physicians at Headquarters. This report is subdivided into the following parts:

- a. A Medical Officer Career Program
- b. Interpersonal Relationships and Staff Working Environment
- c. Training
- d. Salary and Promotion
- e. Administration
- f. Summary
- g. Recommendations

2
-
5
22
39
10
2011
01
C

SUBJECT: A Career Plan for Medical Officers

3. A Medical Officer Career Program.

a. To make a medical career with the Agency appealing to a physician, there must be a detectable plan for a career. A possible program, covering the first eighteen years of employment for each general medical officer, is outlined here. This program calls for two overseas stations, each with a senior and a junior medical officer; and four additional one-medical-officer stations, either overseas or at Headquarters, medical or nonmedical, or with domestic components. The principles of this plan are:

- (1) Two years of Headquarters Medical Staff professional briefing, training, and duty to determine the advisability of assignment overseas and future career planning,
- (2) An initial year of Agency training and language studies,
- (3) A system of three-year tours in either Headquarters, domestic, or overseas assignments,
- (4) Three years for specialty training,
- (5) Experience for each medical officer in at least two major geographical areas,
- (6) Six phases of career development, during which suitability for additional responsibility and authority may be determined,
- (7) Ultimate duty at Headquarters as chief of division, deputy chief of the Medical Staff, or chief of the Medical Staff prior to retirement, and
- (8) All positions not occupied by career personnel should be filled by contract physicians.

b. A physician employed with a view to being a member of the career program should: be under forty years of age; have completed his internship; be licensed in at least one state; and have his military obligation completed.

SUBJECT: A Career Plan for Medical Officers

c. During his first and second years, he should be given an opportunity to serve three months in each of the four divisions of the Medical Staff, covering clinical, psychiatric, operations, and support matters, and to have one full year thereafter in the division of his choice. This will indicate his apparent major medical interests and give time to prepare for an official cover position overseas. The Medical Staff can, during the period, decide whether or not the physician should be assigned overseas and he can, likewise, make up his mind.

d. In the third year of duty, the newly acquired physician would be required to complete, successfully, Agency training in the Operations Course and the Basic Paramilitary Course and attain language proficiency in at least one language. This period will give an additional indication of whether or not he is going to identify with, have empathy for, and become reasonably proficient in rendering support to one or more aspects of the Agency's business. It will also give an indication of whether or not he is a well-integrated person. If he does not do well in his training, the Medical Staff should not consider him favorably as a long-term investment and he should make plans to go elsewhere.

e. The dependents of the physicians should also be evaluated during the same initial three-year period to determine their suitability and adaptability for overseas assignments and to accompany the doctor through a career with the Agency.

f. The fourth through sixth years of service should be spent as the junior medical officer at one of the stations having two Agency physicians. The senior physician for this period would be able to submit his evaluation of the newcomer relative to performance and suitability in an overseas situation.

g. The seventh through ninth years would be his first tour at a single-physician station.

h. The tenth through twelfth years would be an assignment to Headquarters. If considered appropriate, specialty training or other useful Agency postgraduate study could then be provided.

i. The thirteenth through fifteenth years would permit the second single-physician station assignment.

j. The sixteenth through eighteenth years would permit the medical officer a tour as the senior medical officer at a two-man station.

SUBJECT: A Career Plan for Medical Officers

k. The subsequent years prior to retirement would be in Headquarters medical positions, including those of the deputy chief of the Medical Staff and the chief of the Medical Staff.

4. Interpersonal Relationships and Staff Working Environment.

a. The nature of interpersonal and staff relationships between Medical Staff lay and professional personnel has a significant effect upon the career of a medical officer. Men and women prepare themselves for a career in medicine for many personal reasons, including status and prestige, idealism, social position, power, pride, and pay. Most physicians are individualists and many can be leaders, but few survive for long as subordinates. Seldom does a physician remain where his needs are not satisfied. To consistently attract and retain the services of well-trained, experienced, and capable physicians, the Agency must provide a challenging position. It is also essential that every effort be exerted toward developing and maintaining an appropriate professional climate.

(1) There must be evident recognition of the fact that any group and particularly a group of physicians prospers when there is a stimulation of incentive, a sharing of responsibility, and a delegation of authority from higher to lower echelons in an organization. When there are no rewards for extra effort and when decisions within the realm of ability, authority, and responsibility of physicians are dictated by supervisors, any person, even a physician, withers.

(2) Great care must be taken to avoid a professional climate of servitude, which invariably vitiates a physician's interest and prompts an irreversible process of disengagement, seeking other fields. The optimal environment can be established by giving responsibility and authority for money, materiel, duty hours, and production criteria to each physician-supervisor without intervention unless mistakes are made.

b. Sincere effort must be exerted to maintain dignity among professional personnel and to eliminate circumstances which tend to disparage or derogate them. Any act should be avoided which appears to the professional staff as unwarranted favoritism, intimidation, or allurements. A firm understanding must be evident that physicians are in charge of and have authority over all Medical Staff functions and that the other personnel are required to assist them in the accomplishment of these responsibilities.

SUBJECT: A Career Plan for Medical Officers

(1) Medical administrative-type personnel must not direct, assume a role or posture which is not in proportion to their value or training or which would be inappropriate to a good medical professional activity.

(2) Medical administrative-type personnel must not be permitted to be competitive with professional personnel, rather they must play a minor role in policy-guidance and policy-making.

(3) The reservations regarding the feasibility of an action should not need to be a primary concern of medical administrative-type personnel, but an attempt should be made to determine how they can assist physicians to meet their responsibilities.

(4) Medical administrative-type personnel must recognize that they are in subordinate employment positions and have comparatively inadequate educations. Physicians will not normally accept any assumption and exhibition of power, control, direction, and obstruction from laymen.

(5) Medical administrative-type personnel must know that doctors will not favorably evaluate an employment climate where control is centered in an administrative-support facility.

(6) Medical administrative-type personnel must be guided primarily by clinical and operational necessity as determined by a physician's responsibilities and authority.

(7) Physicians in a career service would feel more secure in their positions with the knowledge that their division chief controls the filling of slot vacancies for all division personnel. Medical administrative-type personnel must include their own personnel in filling vacancies rather than demand personnel already engaged in clinical and operational activities.

c. The stature of physicians in the professional climate of the Medical Staff must be on an earned basis (including years and nature of experience). Changes reflecting increases in responsibility and authority must be made with the full knowledge of professional contemporaries and superiors, thereby, eliminating any question of favoritism, which naturally carries with it many unpleasant implications and results logically in an erosion of physician interest and respect for a professional career in the Agency.

SUBJECT: A Career Plan for Medical Officers

d. The Medical Staff should assure an atmosphere wherein the normal aspirations of physicians can be fostered. Young physicians seek assurance that their prolonged associations will be with seniors who are more competent, have higher professional stature and social position. Without this, they soon become disillusioned and realize they must go elsewhere to re-enter a true clinical community and re-establish themselves in their profession. Any physician who remains where less than optimal conditions prevail is either not ambitious, highly idealistic regarding the goals of the organization, absorbed in a particular professional matter which intrigues him, or has a desire to reform and improve on the current administration.

e. The Medical Staff must follow carefully a planned program which is obvious to all medical personnel and not an unformulated program based on expediency which shifts and vacillates. A firm plan would indicate clearly to a career physician that he will not close out his years of service as an assistant and that he does not have to be a sycophant to succeed.

f. It must be plainly evident that a chain of command does exist and that an individual physician does not have a personal relationship with a superior which supersedes his relationship to his supervisor.

5. Training.

a. It is agreed that professional, scientific, or other pertinent postgraduate training is always essential to the individual physician and can be an investment on behalf of the Agency's interests. Such training should be a privilege planned and extended to an individual when it is directly pertinent to his future utilization in the Agency. It should not be regarded as a reward, bonus, or an act to retain a person contemplating resignation or retirement.

b. The training an individual physician receives should be determined only by the chief of a division in keeping with the responsibilities and budget for his division. The primary relationship in this matter should be of supervisor to employee, so that an orderly sequence of authority follows. The Chief, Medical Staff should be the ultimate approving authority.

SUBJECT: A Career Plan for Medical Officers

c. Physicians selected and found suitable for intelligence officer duties should be given additional Agency and external training to increase their proficiency. Psychiatrists interested in psychoanalytic training could be encouraged in that direction. Occupational medicine specialty training could also be encouraged.

6. Salary and Promotion.

a. Although pay is not a primary consideration to medical officers for retention as employees, it is an extremely important inducement which may favorably influence the decision of a desirable physician applicant. Agency and Medical Staff studies of salary schedules have been reviewed by this Committee.

b. An equitable promotion plan, easily understood by all medical officer applicants and employees, would be a worthy step in delineating a career plan. The following graduated scale could be considered, keeping in mind the possibility that for Board eligible specialists two grades might be added and for Board qualified 15% of total salary might be added.

<u>Grade</u>	<u>Years of Creditable Service</u>
GS-13	Entrance on duty
GS-14	Two
GS-15	Four
GS-16	Eight
GS-17	Twelve
GS-18	Sixteen

c. An equitable salary incentive program would be another measure which would give a career plan a practical meaning. It is suggested the following graduated scale be considered: a 0.5% increase in salary by grade for each year of professional experience since the date of a physician's graduation from medical school and an additional 0.5% increase for each year of satisfactory Agency service up to a maximum of 15%.

d. In exceptional cases when the Medical Staff Career Service Board votes unanimously in favor of an earlier than scheduled promotion, an individual physician might be promoted to the next higher grade. In the event a new Federal grade and salary scale comes into being, an adjustment should be made that is proportional in principle to the above outline.

SUBJECT: A Career Plan for Medical Officers

e. Although physicians, like others, are interested in receiving more money, the obvious disparity in salaries of lay-medical administrators and semi-professional technicians compared to those of physicians produces a feeling in the physician of "why should I stay here, since I am under paid commensurately and the organization can overpay less qualified people". When nonprofessional personnel are "over paid" commensurately, the subtle question of status becomes important. To maintain an appropriate balance of prestige and status, there must be a more equitable distribution of grades and salaries, since most physicians pay for their own professional education and carry all the responsibility, while others have not made a similar investment in terms of money and time nor are they permitted by law to accept equal responsibility in a medical environment.

f. Other Federal medical officer positions have desirable fringe benefits associated, such as: clinical opportunity, adequate instruction, research possibilities, housing, etc. Yet competition for recruitment and career service by this Agency is not with other Federal institutions, but rather with private practice and industry where even better economic opportunities exist.

g. Although it may be said that no physician has ever left the Medical Staff primarily to gain more money, it is a fact that each physician, who has separated from Agency employment, has increased his earning power three or four fold within one to five years. This is in sharp contrast generally to the fortunes of laymen who have separated from the Medical Staff and the Agency; they are seldom able to command as high a wage elsewhere. It is useless to offer a one or two grade promotion to a physician who is about to leave, because this could hardly deter him from his plans.

h. Another factor, not truly a pay matter, but nevertheless an economic factor to a physician which deserves consideration is the provision of medical malpractice insurance coverage by the Agency.

i. A provision whereby the Agency would pay dues and fees connected with membership in pertinent professional, scientific, and technical societies to a maximum of \$200.00 per year would be an expression of the desire of the Medical Staff to maintain high professional standards.

SUBJECT: A Career Plan for Medical Officers

7. Administration. Loyalty and command relationships are a two-way mechanism. For example, there must be a thorough continuing understanding of budget and expenditure matters by each chief of division, whereby, the chief of division controls all funds appropriated for his division. A chief of division must have a basis upon which to plan any action involving the use of the money he has previously requested up to the amount which has actually been appropriated. Divisions must operate knowing what they have "in the bank". It should not be necessary for a division chief to argue for the use of money that was previously justified and obtained through his planning and support.

8. Summary.

a. It is believed that serious consideration, followed by constructive Medical Staff action during the next few years, will place the medical officer career program on a path which provides for a continuation of the Medical Staff's evolving supporting role with a planned future for a staff of medically qualified, intelligence-oriented, experienced, and mature physicians. The substance of this memorandum reflects observations and experiences which protect the vested interests of all the physicians employed at this time and, hopefully, are guidelines for future action. It indicates some means by which the following conditions may be realized by the medical officers:

(1) The influx of the parvenu can be controlled in keeping with a recent interpretation of a DDCI desire.

(2) The occurrence of expedient actions can be reduced to a minimum or eliminated.

(3) The salary of an individual as a measure of his worth to the Agency, in keeping with the opinions of contemporaries, can become meaningful.

(4) A career with the Medical Staff would be a valued experience.

9. Recommendations.

a. Take steps to obtain, by the following measures, an accumulation of experiential data upon which to base future studies and recommendations:

SUBJECT: A Career Plan for Medical Officers

(1) Physician chiefs of division should be required to interview in the future each medical officer contemplating separation from employment.

(2) The Director of Personnel should be requested to provide an analysis of the physician exit interviews which have been collected, to include how many physicians have separated for:

(a) reason of accepting a residency.

(b) purpose of entering private practice.

(c) undefined dissatisfaction.

(3) The Inspector General should be requested to provide a similar analysis.

(4) The Chief, Medical Staff could review such records as he may have on the same subject matter indicated under (2) above.

b. Adopt, publish, and enforce a definite year-by-year-phased medical officer career plan. A suggested plan is described in paragraph 3 of this memorandum.

c. By 1965, each division of the Medical Staff should have a chief and deputy chief who is a career medical officer and they should be assisted as appropriate by nonphysician, nursing, technical, administrative, and clerical personnel. No division in the Medical Staff should have a nonphysician chief.

25X1A9a

Chief, Psychiatric Staff, Medical Staff

9/15/62
Date

25X1A9a

Chief, Clinical Division, Medical Staff

18 Sept 1962
Date

25X1A9a

Chief, Operations Division, Medical Staff

18 September 1962
Date